



Department of
Education

Autism Evaluation Guidance

Tennessee Department of Education | August 2017



Acknowledgements

The department recognizes and appreciates all of the listed educational professionals, higher education faculty, parents, and advocates who contributed to the development of the Autism Evaluation Guidance for their time and effort.

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Introduction

This document is intended to provide school teams guidance when planning for student needs, considering referrals for evaluations, and completing evaluations/re-evaluations for educational disabilities. Disability definitions and required evaluation procedures and can be found individually on the Tennessee Department of Education website ([here](#)).¹

Every educational disability has a state definition, found in the [TN Board of Education Rules and Regulations Chapter 0520-01-09](#),² and a federal definition included in the Individuals with Disabilities Education Act (IDEA). While states are allowed to further operationally define and establish criteria for disability categories, states are responsible to meet the needs of students based on IDEA's definition. Both definitions are provided for comparison and to ensure teams are aware of federal regulations.

The student must be evaluated in accordance with IDEA Part B regulations, and such an evaluation must consider the student's individual needs, must be conducted by a multidisciplinary team with at least one teacher or other specialist with knowledge in the area of suspected disability, and must not rely upon a single procedure as the sole criterion for determining the existence of a disability. Both nonacademic and academic interests must comprise a multidisciplinary team determination, and while Tennessee criteria is used, the team possess the ultimate authority to make determinations.³

IDEA Definition of Autism

Per 34 C.F.R. §300.8(c)(1) Autism means *"a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph of this section are satisfied."*

¹ <http://www.tn.gov/education/article/special-education-evaluation-eligibility>

² <http://share.tn.gov/sos/rules/0520/0520-01/0520-01-09.20140331.pdf>

³ Office of Special Education Programming Letter to Pawlisch, 24 IDELR 959

Section I: Tennessee Definition

Tennessee Definition of Autism

- (1) "Autism" means a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in this section.
- (2) The term of autism also includes students who have been diagnosed with an Autism Spectrum Disorder (ASD) such as autism, a pervasive developmental disorder, or Asperger's Syndrome when the child's educational performance is adversely affected. Autism may exist concurrently with other areas of disability.
- (3) A child could be found eligible as having autism if the child manifests these characteristics in early childhood (as social demands increase). Children with autism demonstrate both of the following characteristics (i.e., **(a) and (b) below**):
 - (a) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by **all of the following**:
 1. Deficits in social-emotional reciprocity (e.g., abnormal social approach, failure of normal back and forth conversation, reduced sharing of interests, reduced sharing of emotions/affect, lack of initiation of social interaction, poor social imitation);
 2. Deficits in nonverbal communicative behaviors used for social interaction (e.g., impairments in social use of eye contact, use and understanding of body postures, use and understanding of gestures; abnormal volume, pitch, intonation, rate, rhythm, stress, prosody, and/or volume of speech; abnormal use and understanding affect, lack of coordinated verbal and nonverbal communication, and lack of coordination nonverbal communication); and
 3. Deficits in developing and maintaining relationships appropriate to developmental level; ranging from difficulties adjusting behavior to social contexts, through difficulties in sharing imaginative play, to an apparent absence of interest in people.
 - (b) Restricted, repetitive patterns of behavior, interests, or activities as manifested by **at least two (2) of the following**:

1. Stereotyped or repetitive speech, motor movements, or use of objects (e.g., echolalia, repetitive use of objects, idiosyncratic language, simple motor stereotypies);
2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change (e.g., motor rituals, insistence on same route or food, repetitive questioning, or extreme distress at small changes);
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests); or
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/heat/cold, adverse response to sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

What does this mean?

The additional language added to the Tennessee definition of autism is consistent with the current Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5).⁴ The DSM-5 includes descriptions, symptoms, and criteria for diagnosing disorders such as autism. While helpful, a diagnosis of autism by an outside provider (e.g., physician or clinical psychologist) is not a requirement to meet the statewide educational criteria for this disability. The educational disability criteria are outlined in the definition and identified through a [comprehensive evaluation](#).

Autism is considered a spectrum disorder, which means that there is a continuum of symptoms/feature characteristics that a person with autism may display. The skills and abilities (e.g., cognitive, expressive language, adaptive behaviors, and academic skills) of individuals with autism fall within a wide range and differ by child. However, there are two distinct core features of autism which are outlined in the definition. All individuals with autism have (a) persistent deficits in social communication and social interaction (displaying *all* subcomponents listed) **and** (b) restricted, repetitive patterns of behavior, interests, or activities (displaying *at least two* of the four subcomponents listed). Both features include a breakdown of specific behaviors and/or impairments, as outlined in the definition above, which must be manifested in order to meet the criteria for autism.

When analyzing the definition of autism, the following areas typically require further clarification:

⁴ <https://www.psychiatry.org/psychiatrists/practice/dsm>

Social-emotional reciprocity: A deficit in social-emotional reciprocity is one of the hallmark characteristics of autism and is often of particular importance when considering differential diagnoses (e.g., ADHD, language impairment, anxiety disorder). It includes the ability (or lack of) to take another's perspective, the awareness of others' points of view or feelings, and to seek joint interest. *Note: In Tennessee, we often refer to this ability as social and personal competencies.*

Social approach: Individuals with autism have a difficult time with initiating conversations or interactions with others (e.g., may play *alongside* versus *with* another) and following social cues based on interactions (e.g., understanding if a topic is appropriate to the situation or that another is finished with a conversation).

Stereotyped speech or motor: Some individuals with autism display repetitive and/or mechanical-like talk or motor movements. Examples of stereotyped motor behaviors include flicking one's fingers or hand flapping.

Idiosyncratic language: This term refers to the specific words or language that only hold meaning for the speaker. Idiosyncratic language commonly includes made-up words or phrases which may sound meaningless to the outside observer.

Echolalia: While not unique to autism, echolalia refers to repeating heard words, phrases, sounds, or intonations. Some individuals repeat wording they have heard from others, on the television, or in songs.

Intonation, rate, and prosody of speech: Some individuals with autism demonstrate atypical rise and fall in pitch of voice when speaking. The rhythm and the way they stress or place emphasis on sounds within words or phrases may be abnormal.

Abnormal use and understanding affect: When communicating verbally and nonverbally, the individual displays deficits in understanding and using gestures, facial expressions, and feelings to express emotions.

Excessively circumscribed or perseverative interests: Circumscribed interests refers to an intense and narrow interest in a subject matter or activity. Such interests may become a pervasive focus in the individual's thoughts and significantly influence their behaviors. The individual displays fixed and rigid activities surrounding the narrow interests (e.g., collecting, reading about, or watching videos on the topic).⁵

⁵ Sasson, N. J., Turner-Brown, L. M., Holtzclaw, T. N., Lam, K. S.L. and Bodfish, J. W. (2008), Children with autism demonstrate circumscribed attention during passive viewing of complex social and nonsocial picture arrays. *Autism Res*, 1: 31–42. doi:10.1002/aur.4

Resources that provide further guidance and understanding of the definition can be found in [Appendix C](#).

Section II: Pre-referral and Referral Considerations

The Special Education Framework provides general information related to pre-referral considerations and multi-tiered interventions in component 2.2. It is the responsibility of school districts to seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within general education, districts can provide preventative, supplementary differentiated instruction and supports to students who are having trouble reaching benchmarks.

Pre-referral Interventions

Students who have been identified as at risk will receive appropriate interventions in their identified area(s) of deficit. These interventions are determined by school-based teams by considering multiple sources of academic and behavioral data.

One way the Tennessee Department of Education (“department”) supports prevention and early intervention is through multi-tiered systems of supports (MTSS). The MTSS framework is a problem-solving system for providing students with the instruction, intervention, and supports they need with the understanding there are complex links between students’ academic and behavioral, social, and personal needs. The framework provides multiple tiers of interventions with increasing intensity along a continuum. Interventions should be based on the identified needs of the student using evidenced-based practices. Examples of tiered intervention models include Response to Instruction and Intervention (RTI²), which focuses on academic instruction and support, and Response to Instruction and Intervention for Behavior (RTI²-B). Within the RTI² Framework and RTI²-B Framework, academic and behavioral interventions are provided through Tier II and/or Tier III interventions (see [MTSS Framework](#), [RTI² Manual](#), & RTI²-B Manual).

These interventions are *in addition to*, and not in place of, on-grade-level instruction (i.e., Tier I). It is important to recognize that ALL students should be receiving appropriate standards-based differentiation, remediation, and reteaching, as needed in Tier I, and that Tiers II and III are specifically skills-based interventions.

It is important to document data related to the intervention selection, interventions (including the intensity, frequency, and duration of the intervention), progress monitoring, intervention

integrity and attendance information, and intervention changes to help teams determine the need for more intensive supports. This also provides teams with information when determining the least restrictive environment needed to meet a student's needs.

Cultural Considerations

Interventions used for English learners (EL) must include evidence-based practices for ELs.

Characteristics of Autism

There are common characteristics associated with the features that make up autism. Below is a summary of characteristics to be mindful of when working with students and considering interventions and/or referrals.

- Getting upset by a slight change in a routine or being placed in a new or overly stimulating setting
- Making little or inconsistent eye contact
- Having a tendency to look at and listen to other people less often
- Rarely sharing enjoyment of objects or activities by pointing or showing things to others
- Responding in an unusual way when others show anger, distress, or affection
- Failing to, or being slow to, respond to someone calling their name or other verbal attempts to gain attention
- Having difficulties with engaging in reciprocal (back and forth) conversations, non-preferred subject matters
- Talking often at length about a favorite subject without noticing that others are not interested or without giving others a chance to respond
- Using words that seem odd, out of place, or have a meaning known only to those familiar with that person's way of communicating
- Having facial expressions, movements, and gestures that do not match what is being said
- Having an unusual tone of voice that may sound sing-song, flat, or robot-like
- Having trouble understanding another person's point of view or being unable to predict or understand other people's actions
- Overreacting to changes in routines
- Over- or underreacting to lights, sounds, pain, or touch

The School Team's Role

A major goal of the school-based pre-referral intervention team is to adequately address students' academic and behavioral needs. The process recognizes many variables affecting learning. Thus, rather than first assuming the difficulty lies within the child, team members and the teacher should consider a variety of variables that may be at the root of the problem,

including the curriculum, instructional materials, instructional practices, and teacher perceptions.

When school teams meet to determine intervention needs, there should be an outlined process that includes:⁶

- documentation, using multiple sources of data, of difficulties and/or areas of concern;
- a problem-solving approach to address identified concerns
- documentation of interventions, accommodations, strategies to improve area(s) of concern;
- intervention progress monitoring and fidelity;
- a team decision-making process for making intervention changes and referral recommendations based on the student's possible need for more intensive services and/or accommodations; and
- examples of pre-referral interventions and accommodations.

Examples of Pre-referral Interventions and Accommodations

Pre-referral interventions and accommodations should be individualized and based on the needs of the student. The school team should begin by identifying the symptoms the student is experiencing and then, try to identify specific factors that may worsen the student's symptoms so steps can be taken to modify those factors. For example:

- Do some classes, subjects, or tasks appear to pose greater difficulty than others?
- For each class, is there a specific timeframe after which the student begins to appear unfocused or fatigued?
- Are there specific things in the school or classroom environment that seem to distract the student?
- Are any behavioral problems linked to a specific event, setting (e.g., bright lights in the cafeteria or loud noises in the hallway), task, or other activity?

Specific Strategies for Supporting Language and Social Communication Skills

One of the hallmark characteristics of autism is challenges with social communication. This includes a student understanding and using verbal and nonverbal language to read and understand social cues in the environment. Furthermore, students with ASD often demonstrate difficulty understanding verbal information. These differences in development can negatively

⁶ National Alliance of Black School Educators (2002). *Addressing Over-Representation of African American Students in Special, Education*

impact a student's level of understanding and engagement in the classroom setting. Therefore, students with ASD may benefit from the following universal strategies and supports:

- Make sure you have the student's attention before delivering an instruction or asking a question.
- Begin an instruction with the student's name to call his attention, to increase the likelihood that he may be attending by the time you deliver the direction.
- Keep instructions short or give information in chunks.
- Avoid complex verbal directions, information, or discussion.
- Minimize use of "don't" and "stop." For example, "Please stay on the sidewalk" can be much more effect than "Don't walk on the grass" for a student who might not hear the "don't"—or for one who isn't sure where the acceptable place to walk might be.
- Allow "wait time" and be prepared to wait for a response, whether it is an action or answer (e.g., give the student at least 15 seconds to process information before you request a response).
- Avoid immediately repeating an instruction or inquiry. Sometimes it is helpful to think of a student with auditory processing challenges like a computer—when a computer is processing, hitting the command again does not make it go any faster, but rather sends it back to the beginning to start the processing all over again.
- Use visual supports to prompt language or give choices to supplement verbal information.
 - Example: If you are teaching a child to ask for help, have a cue card available at all times, and prompt its use whenever it is time for him to request help. This can be used by the student instead of spoken language, or as a support for developing language and teaching when it might be appropriate to use this phrase.
- Provide an individualized schedule for the student.
- Do not reprimand a student for not listening or responding.
 - This only serves to highlight their challenges.
- Provide ways to help the student access communication.
 - Many individuals with autism have word retrieval issues—even if they know an answer, they cannot come up with the words. Address this by offering visual supports, cue cards, multiple choice options, a word bank, etc.
- Teach and use scripts (words, pictures, etc.) for communication needs or exchanges.
 - (e.g., 'I like.... What do you like?' 'I like..... ') Use cue cards and fade over time as the student's understanding of the use of the phrase or pattern of the exchange develops.
- If your student has been provided with an augmentative or alternative communication device, learn how to use it in the context of your relationship.
 - These devices can range considerably in terms of sophistication, with some offering either written or speech output. Ask the student's special education staff

or tech support for programming specific to his/her needs in interacting with you, and help guide them to communication options that will be helpful.

- Provide verbal prompts or models with care.
 - Verbal prompts can sometimes cause pronoun confusion and challenges due to perspective taking (the child may have difficulty identifying which pronoun actually indicates it is his/her turn).
- Consider the purpose of the student's communication.
 - Many individuals with autism also use echolalia to comment, inform, or request.
 - Model language using language you want the student to use.
 - Visual supports and social scripts are also good strategies to help with echolalia.

Specific Strategies for Supporting Social Skill Development

Another hallmark characteristic of ASD is challenges with social skills and developing and maintaining social relationships. Some of the core developmental differences underlying these social challenges include using and understanding nonverbal social cues, understanding emotions in self and others, and conversational reciprocity. These differences in development can negatively impact the student across all aspects of their school experience and furthermore, prevent them from obtaining the skills necessary for success after high school. Therefore, students with ASD may benefit from the following universal strategies and supports in the area of social skill development:

- Model expected social interactions and teach social boundaries.
 - For example, model turn taking and expected nonverbal and verbal behaviors (e.g., maintaining personal space, eye contact, tone of voice, prosody, body orientation, active listening skills, appropriate topics of conversation, people you should talk to about certain topics).
- Teach empathy and reciprocity.
 - In order to engage in a social interaction, a person needs to be able to take another's perspective and adjust the interaction accordingly. While their challenges often display or distort their expressions of empathy, individuals with autism often do have capacity for empathy. This can be taught by making a student aware—and providing the associated vocabulary—through commentary and awareness of feelings, emotional states, and recognition of others' facial expressions and nonverbal cues.
- Reinforce what the student does well socially.
 - Use behavior-specific praise and concrete reinforcement if needed to shape prosocial behavior.
- Teach imitation and context clues.
- Break social skills into small component parts.
 - Teach these skills through supported interactions.
 - Use visuals as appropriate.

- Build on the student's strengths and interests to encourage social skills.
 - Many individuals with autism have a good sense of humor, a love of or affinity for music, strong rote memorization skills, or a heightened sense of color or visual perspective—use these to motivate interest in social interactions or to give a student a chance to shine and be viewed as competent and interesting.
- Many students with autism have a favorite topic or special area of interest that may interfere with school work or social interaction. For students who become hyper-focused on a favorite topic or special area of interest, consider the following strategies:
 - Provide scheduled opportunities to discuss the favorite topic.
 - Present scheduled opportunities on a visual schedule.
 - Establish boundaries (when it is, or is not, appropriate to discuss the favorite topic).
 - Set a timer to establish duration.
 - Support strategies for expanding to other topics; and/or
 - Reinforce the student for talking about other subjects or the absence of the topic.
- Identify peers with strong social skills, and pair the student with those peers so he has good models for social interaction.
 - Provide peers with strategies for eliciting communication or other targeted objectives, but be careful not to turn the peer into a teacher—strive to keep peer interactions as natural as possible.
- Create small lunch groups, perhaps with structured activities or topic boxes.
 - Teach the group to pull a topic out of a box and have the students discuss things related to this topic, such as “The most recent movie I saw was...” This can be helpful for students who tend to talk about the same things all the time since it provides supports and motivation and the benefit of a visual reminder of what the topic is.
- Focus on social learning during activities that are not challenging for the child.
 - Conversational turn taking is not likely to occur if a child with poor fine motor skills is asked to converse while cutting or writing, especially if it is in a room with overwhelming sensory distractions.
- During group activities, it is beneficial to help the student define his role and responsibilities within the group.
 - Assign a role or help him mediate with peers as to what he should do (e.g., “Sam is the note taker today.”) Be sure to rotate roles to build flexibility and broaden skills. Remember that if you leave it up to the class to pick groups/partners, students with special needs are sometimes chosen last, causing unnecessary humiliation.
- Support peers and students through structured social situations with defined expectations of behavior. Then, work on generalizing the skill to other social settings.

- Consider first teaching the necessary skill (e.g., how to play Uno) in isolation, and then introduce it in a social setting with peers.
- Provide structured supports or tasks during an activity.
 - Example: If there is a group of students playing YuGiOh at lunchtime, consider teaching YuGiOh to the student with autism who likes to play cards in another setting, and then generalize it with peers.
 - Educate peers and establish learning teams or circles of friends to build a supportive community.

For additional information, please review the [National Professional Development Center's report on Autism Spectrum Disorder](#), as well as the [National Autism Center's National Standards Report](#).⁷

Background Considerations

Teams should consider factors that could influence performance and perceived ability prior to referral to assist the team in making decisions regarding interventions and evaluation needs. A few major background considerations are as follows:

- Lack of instruction: Information obtained during assessment indicates lack of instruction in reading and math is **not** the determinant factor in this student's inability to progress in the general education curriculum.
- Limited English proficiency: As with disproportionality related to race/ethnicity, disproportionality related to English learners is also of concern. When gathering information regarding how a student interacts with others and responds to differing social situations, the team should consider the role of the student's dominant social norm(s) as it impacts social relationships.

Limited English proficiency must be ruled out as the primary reason that the team suspects a disability. If there is another language spoken primarily by the student or spoken primarily at home, the team needs to document the reason English proficiency is not the primary reason for cognitive and adaptive deficits. Teams should also consider information regarding a student's language skill in his/her dominant language, as deficits in receptive, expressive, and/or pragmatic language are likely to have a significant impact on developing and maintaining social relationships.

- Medical conditions: There are medical conditions that can impact a student's functioning and thus the health condition may be the primary cause of underperformance. See the [Other Health Impairment evaluation guidance document](#) for more information.

⁷ <http://autismpdc.fpg.unc.edu/evidence-based-practices>

Referral Information: Documenting Important Pieces of the Puzzle

When considering a referral for an evaluation, the team should review all information available to help determine whether the evaluation is warranted and determine the assessment plan. The following data from the general education intervention phase that can be used includes:

- 1) reported areas of academic difficulty,
- 2) documentation of the problem,
- 3) evidence that the problem is chronic,
- 4) medical history and/or outside evaluation reports,
- 5) record or history of significant developmental delays across domains,
- 6) record of accommodations and interventions attempted,
- 7) school attendance and school transfer information,
- 8) multi-sensory instructional alternatives, and
- 9) continued lack of progress.

Referral

Pursuant to IDEA Regulations at 34 C.F.R. §300.301(b), a parent or the school district may refer a child for an evaluation to determine if the child is a child with disability. If a student is suspected of an educational disability at any time, s/he may be referred by the student's teacher, parent, or outside sources for an initial comprehensive evaluation based on referral concerns. **The use of RTI² strategies may not be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-300.311, to a child suspected of having a disability under 34 CFR §300.8.** For more information on the rights to an initial evaluation, refer to [Memorandum 11-07](#) from the U.S. Department of Education Office of Special Education and Rehabilitative Services.

School districts should establish and communicate clear written referral procedures to ensure consistency throughout the district. Upon referral, all available information relative to the suspected disability, including background information, parent and/or student input, summary of interventions, current academic performance, vision and hearing screenings, relevant medical information, and any other pertinent information should be collected and must be considered by the referral team. The team, not an individual, then determines whether it is an appropriate referral (i.e., the team has reason to suspect a disability) for an initial comprehensive evaluation. The school team must obtain informed parental consent and provide written notice of the evaluation.

Parent Request for Referral and Evaluation

If a parent refers/requests their child for an evaluation, the school district must meet within a reasonable time to consider the request following the above procedures for referral.

- If the district agrees that an initial evaluation is needed, the district must evaluate the child. The school team must then obtain informed parental consent of the assessment plan in a timely manner and provide written notice of the evaluation.
- If the district does not agree that the student is suspected of a disability, they must provide prior written notice to the parent of the refusal to evaluate. The notice must include the basis for the determination and an explanation of the process followed to reach that decision. If the district refuses to evaluate or if the parent refuses to give consent to evaluate, the opposing party may request a due process hearing.

TN Assessment Team Instrument Selection Form

In order to determine the most appropriate assessment tools, to provide the best estimate of skill or ability, for screenings and evaluations, the team should complete the TN Assessment Instrument Selection Form (TnAISF) (see [Appendix A](#)). The TnAISF provides needed information to ensure the assessments chosen are sensitive to the student's:

- cultural-linguistic differences;
- socio-economic factors; and
- test taking limitations, strengths, and range of abilities.

Section III: Comprehensive Evaluation

When a student is suspected of an educational disability and/or is not making progress with appropriate pre-referral interventions that have increased in intensity based on student progress, s/he may be referred for a psychoeducational evaluation. A referral may be made by the student's teacher, parent, or outside sources at any time.

Referral information and input from the child's team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. In addition to determining the existence of a disability, the evaluation should also focus on the educational needs of the student as they relate to a continuum of services. Comprehensive evaluations shall be performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments. The required evaluation participants for evaluations related to suspected disabilities are outlined in the eligibility standards. Once written parental consent is obtained, the school district must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days of the district's receipt of parental consent.

Cultural Considerations: Culturally Sensitive Assessment Practices

IEP team members must understand the process of second language acquisition and the characteristics exhibited by EL students at each stage of language development if they are to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and ESL instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered.

English Learners

To determine whether a student who is an English learner has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an English learner has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason English learners are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to special education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- In what ways has the effectiveness of the English as a second language (ESL) instruction been documented?
- Was instruction delivered by the ESL teacher?
- Did core instruction take place in the general education classroom?
- Is the program meeting the student's language development needs?
- Is there meaningful access to core subject areas in the general education classroom?
What are the documented results of the instruction?
- Were the instructional methods and curriculum implemented within a sufficient amount of time to allow changes to occur in the student's skill acquisition or level?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

It is particularly important for a general education teacher and an ESL teacher/specialist to work together in order to meet the linguistic needs of this student group. To ensure ELs are receiving appropriate accommodations in the classroom and for assessment, school personnel should consider the following when making decisions:

- Student characteristics such as:
 - Oral English language proficiency level
 - English language proficiency literacy level
 - Formal education experiences
 - Native language literacy skills
 - Current language of instruction
- Instructional tasks expected of students to demonstrate proficiency in grade-level content in state standards
- Appropriateness of accommodations for particular content areas

*For more specific guidance on English learners and immigrants, refer to the [English as a Second Language Program Guide](#) (August 2016).

Best Practices

Evaluations for all disability categories require comprehensive assessment methods that encompass multimodal, multisource, multidomain and multisetting documentation.

- **Multimodal:** In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.
- **Multisource:** Information pertaining to the referral should be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. It is important when looking at each measurement of assessment that input is gathered from all invested parties. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for **each** rating scale/interview.
- **Multidomain:** Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include cognitive ability, academic achievement, social relationships, adaptive functioning, response to intervention, and medical/mental health information.
- **Multisetting:** Observations should occur in a variety of settings that provide an overall description of the student's functioning across environments (classroom, hallway, cafeteria, recess), activities (whole group instruction, special area participation, free movement), and time. Teams should have a 360 degree view of the student.

Evaluation Procedures (Standards)

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

- (1) Parental interviews including developmental history;
- (2) Behavioral observations in two (2) or more settings (can be two settings within the school) addressing characteristics related to autism;
- (3) Health history;
- (4) Pragmatic communication skills (further language evaluation if identified as an area of concern);
- (5) Cognitive/developmental skills;
- (6) Social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes at least one (1) standardized or normed instrument specific to autism and one (1) normative measure of general behavior/social-emotional functioning;
- (7) Sensory;
- (8) Academic skills; and

- (9) Documentation, including observation and/or assessment, of how autism adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Evaluation Procedures Guidance

General Considerations

It is important to keep in mind that adaptations and modifications to standardized assessment procedures will invalidate the scores obtained. However, this problem can be minimized by first administering the tests under standardized conditions and then making modifications in order to "test the limits" and provide qualitative information regarding the student's performance. In such a case, scores would be reported based on the standardized administration. In addition, behavioral observations would then be provided regarding (a) what modifications were made and (b) how these adaptations influenced performance. Some possible modifications include the following:⁸

1. Be flexible in the order of presentation of subtests and subtest items:
 - Administer subscales in a different order to maximize cooperation.
 - Begin with a task that you know the child likes (e.g., puzzles).
 - Intersperse easy and more difficult items (behavioral momentum).
 - Present tasks so that potentially stressful language items are balanced by more enjoyable visual motor tasks.
 - Start at the beginning of a particular subscale (easiest item) rather than the age-suggested start point.
 - Repeat tasks the person enjoyed following a frustrating task and prior to a break.
2. Change the manner in which instructions are given:
 - Use a multiple-choice or fill-in-the-blank format rather than an open-ended style.
 - Paraphrase instructions and/or simplify language to match the child's language level.
 - Use phrases that are more familiar to the child (e.g., "match" instead of "find me another one just like this").
 - Use generic verbal prompts. For example, for a picture vocabulary task, we may ask: "What is this? This is a ____."
 - Use visual supports to aid in the comprehension of instructions.
3. Modify the response and presentation formats:
 - Allow untimed responses.

⁸ Durocher, J. (n.d.,) Assessment for the purpose of instructional planning for students with autism spectrum disorders. Retrieved from:

http://www.ocali.org/up_doc/Assessment_for_the_Purpose_of_Instructional_Planning_for_ASD.pdf

- Allow different modes of responding, including nonverbal responses (pointing, gestures), etc.
- Administer the task with different materials, which may be more familiar, motivating, or interesting.
- Administer items in naturalistic settings and/or on another day.
- Use dynamic assessment/diagnostic teaching approaches (teach the task).

See [Appendix B](#) for a list of assessments.

Standard 1 Parental interviews including developmental history

Information regarding developmental history should be captured through an interview and/or structured developmental questionnaires. The gathered information should help the assessment specialist to review milestones and associated developmental areas that correspond to features of autism. It is important to note the social demands the child has been exposed to prior to the school setting as characteristics of autism may not have been as evident as a toddler without peer interaction opportunities. There are structured parent interview sample questions in the resource section of the [Appendix C](#).

Standard 2: Behavioral observations in two (2) or more settings (can be two settings within the school) addressing characteristics related to autism

There are a variety of types of observations (e.g., direct time sampling, narrative, or structured) that can be completed as part of the evaluation, but all observations should also include information regarding characteristics of autism. Some structured observations (e.g., Childhood Autism Rating Scale, 2nd Edition) include ratings based on observed behaviors associated with autism. It is advisable to have more than one assessment team member—who may provide different disciplinary perspective and expertise—complete observations (e.g., school psychologist, speech language pathologist, or occupational therapist). In such cases, team members should collaborate with one another on the observational data to write up a summative comprehensive view of the student's behavior(s). It is important to include observations in structured settings such as during class instruction and less structured settings such as the within the cafeteria, hallway transitions, or recess in order to provide ample opportunity to observe a wide variety of task demands/responses and social interactions.

Standard 3: Health history

The parent interview should also include thorough background of the student's health history. Teams may determine further information is needed. In such cases, the assessment specialists should seek a release of information to consult with the student's physician to obtain more medical history and possible rule outs for other conditions that could be impacting the student's behaviors/symptoms.

Standard 4: Pragmatic communication skills (further language evaluation if identified as an area of concern)

The American Speech-Language-Hearing Association (ASHA)⁹ reports that social language disorders may include issues with social interaction, social cognition, and pragmatics. It is important to note that a social language disorder can exist as an independent diagnosis or it may co-occur within the context of another disorder such as autism. In the case of autism, social language problems are a hallmark feature in addition to restricted, repetitive patterns of behavior.

Research shows that social language such as eye contact, facial expressions, and body language are influenced by both cultural and individual factors.¹⁰ ASHA further reports the following when assessing social communication skills: Speech language pathologists (SLPs) should be sensitive to an individual's cultural, functional, and socially acceptable norms that exist within an individual's community. Eliciting information from an individual's family is essential for the SLP's evaluation as it helps the SLP to better understand the family's beliefs, concerns, skills, and knowledge relative to the individual being assessed.

It is important to remember that a measure of pragmatic language skills should consider the following: eye gaze, joint attention, social reciprocity for communication, play behaviors (depending on the student's age), prosody, use of gestures, initiation of communication, topic management, turn taking, and providing appropriate amounts of information in conversational contexts.

Standardized measures are often used for receptive and expressive language skills, and there are also standardized measures of pragmatic language. However, pragmatic language skills may best be evaluated through observations in both structured and less structured activities and settings across the educational setting as well as interviews with the individual's teachers and family; through language samples; and informal checklists. The SLP may also choose to engage the individual in role-play activities that simulate real-world communication events such as peer group activities.¹¹

Standard 5: Cognitive/developmental skills.

The cognitive (i.e., intellectual) functioning evaluation must be conducted by someone with appropriate licensure and training (e.g., school psychologist, licensed psychologist, licensed psychological examiner under the direct supervision of a licensed psychologist, licensed

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http://www.asha.org/uploadedFiles/ASHA/Practice_Portal/Clinical_Topics/Social_Communication_Disorders_in_School-Age_Children/Social-Communication-Benchmarks.pdf

¹⁰ Curenton & Justice, 2004; Inglebret, Jones, & Pavel, 2008

¹¹ ASHA, n.d.

senior psychological examiner). Best practice dictates that no one cognitive measure should be used for all assessments. The correct instrument selection must result from a comprehensive review of information obtained from multiple sources prior to evaluation. This practice is critical in obtaining a valid cognitive score. Refer to the [TN Assessment Instrument Selection Form \(TnAISF\)](#) section when determining the most appropriate assessment.

Factors that should be considered in selecting a cognitive abilities instrument are as follows:

1. Choose evaluation instruments that are unbiased for use with minority or culturally or linguistically different (EL student populations (e.g., ELs). Use instruments that yield assessment results that are valid and reliable indications of the student's potential. For example, nonverbal measures may better measure cognitive ability for students who are not proficient in English or students who are socio-economically disadvantaged.
2. When intelligence test results are significantly skewed in one or more areas of the test battery's global components due to significant differences in the culturally accepted language patterns of the student's subculture, consider administering another measure more closely aligned with the culture, strengths, and abilities of the student.
3. Consider evidence (documented or suspected) of another disability (e.g., ADHD, emotional disturbance, speech and language impairments, hearing impairment, visual impairment, specific learning disabilities).
4. Be mindful that the student's subculture may not encourage lengthy verbal responses.

If a child has previously been evaluated, the total history of assessments and scores should be obtained and considered in order to guide assessment selection, validate results, and interpret results. Consider the following:

- Are the assessment results consistent over time?
- Were areas addressed or overlooked on previous evaluations (e.g., areas of strength or weakness)?
- If the child has another disability, is that impacting the performance on the current test?
- Have the most appropriate tests been given have language, cultural, test/retest factors been accounted for in the test selection?
- Do student social mannerisms, emotions, or behaviors create bias in terms of how the student is assessed?

The most reliable score on a given cognitive measure is the full scale score, or total composite score, of the assessment tool and should be used when considered valid. A comprehensive cognitive evaluation includes verbal and nonverbal components. However, understanding that factors as mentioned above (e.g., motor or visual limitations, lack of exposure to language, language acquisition, cultural differences, etc.) may influence performance on a measure and depress the overall score, there are other options that can be considered best estimates of

ability based on the reliability and validity of alternate composites of given assessments. The assessment specialist trained in cognitive/ intellectual assessments should use professional judgment and consider all factors influencing performance in conjunction with adaptive behavior deficits, when considering the use of the standard error of measure.

Standard Error of Measure (SEM) – The SEM estimates how repeated measures of a person on the same instrument tend to be distributed around his or her “true” score. The true score is always an unknown because no measure can be constructed that provides a perfect reflection of the true score. SEM is directly related to the reliability of a test; that is, the larger the SEM, the lower the reliability of the test and the less precision there is in the measures taken and scores obtained. Since all measurement contains some error, it is highly unlikely that any test will yield the same scores for a given person each time they are retested.

The standard error of measure (SEM) should be reported and considered when reviewing all sources of data collected as part of the evaluation. Below is guidance on when to use the scores falling within the SEM:

- Only use on a case-by-case basis.
- Use is supported by the TnAISF and other relevant evidence which indicates the overall score may be an underestimate of the student’s ability.
- Assessment specialists trained in intellectual functioning provide professional judgement and documented reasons regarding why the SEM may be used as the best estimate of ability.

A nonverbal measure of ability should be administered if any of the following issues are present: if there are significantly discrepant intellectual assessment domain scores with a lower verbal index/measure compared to other index scores, or if there are language concerns (e.g., suspected language delays or English language proficiency concerns due to English not being the student’s first learned language). If nonverbal assessment does not reflect significantly impaired cognitive functioning in such situations, poor performance on the comprehensive measure may be attributed to impaired language/acquisitions or lack of vocabulary exposure that may cause teams to underestimate ability.

Standard 6: Social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes at least one (1) standardized or normed instrument specific to autism and one (1) normative measure of general behavior/social-emotional functioning

The intention of this standard is to provide normative comparisons between the student and same-aged peers with and without autism. [Appendix B](#) provides examples of scales and assessments for autism specific scales and general scales of behavior/ social-emotional functioning. In addition to normative comparisons, it is important in the evaluation to complete

an item analysis when assessing the severity and frequency of behaviors that the student displays. While it is important to document behaviors displayed at home in order to help corroborate findings, in order to meet criteria for an educational disability, the behaviors also need to be displayed within the school setting as the evaluation is determining degree of impact of the student's potential disability in the educational environment.

Standard 7: Sensory

Sensory processing or sensory regulation can be addressed through rating scales to obtain normative and severity ratings. Some autism-specific scales include sensory regulation (e.g., Childhood Autism Rating Scale-2 or Autism Spectrum Rating Scale). In some cases, teams may indicate a sensory profile is needed, which is completed by a qualified and trained assessment specialist (e.g., an occupational therapist). While the evaluation is specific to the student's ability to regulate sensory skills in the school setting, it is advisable when possible to obtain school and home rating in order to compare and contrast student behaviors and to help plan appropriately.

Standard 8: Academic skills

Academic skills can be reviewed in a variety of ways that assessment teams may consider when planning for the evaluation. Some students with autism demonstrate few academic deficits and therefore a review of records (including grades), statewide testing results or criterion-referenced tests, universal screening measures, and other curriculum-based measures may be sufficient to document academic skills. Individually administered standardized achievement tests may provide additional information, based on referral concerns that is necessary in determining academic present levels of performance and educational impact. However, it should be noted that students with autism may not perform well on standardized achievement assessments. This underperformance is not always due to low skills but may be the result of the child's difficulty with following standardized instructions, responding to unfamiliar adults or prompts, or communication deficits. Standardized assessments require a strict protocol in the administration of test items, and deviation from those protocols can invalidate results. Therefore, the examiner should indicate whether results appear to be valid estimates of skills based on observation and teacher consultations. The examiner may include a testing of limits to help explore skills further.

Standard 9: Documentation, including observation and/or assessment, of how autism adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas)

Documentation of the way in which autism adversely affects the learning environment is an essential component of determining eligibility and appropriate level of service. To ensure a special education level of service is the least restrictive environment, teams should provide

extensive documentation of the prevention and intervention efforts, as well as the data indicating these efforts in the general education setting are not adequate support for a student's needs. Documentation may include how the disability impacts academic performance, access to the general education curriculum, communication, prevocational skills, social skills, and the ability to manage personal daily needs and routines independently.

It is important to remember that the documented impact on educational performance does not necessarily mean a student is demonstrating academic deficits (e.g., poor grades, specific foundational skill deficits), and nonacademic skills/behaviors should be considered equally. For example, high-functioning students with autism may not have academic deficits yet exhibit behaviors that impact their time attending to the general educational classroom instruction.

Required Autism Evaluation Participants

Information shall be gathered from the following persons in the evaluation of autism:

- (1) The parent;
- (2) The child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- (3) A licensed special education teacher;
- (4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;
- (5) A licensed SLP; and
- (6) Other professional personnel as needed (e.g., occupational therapist, physical therapist, licensed physician, neurologist, nurse licensed practitioner, physician's assistant, or school counselor).

Evaluation Participants Guidance

Below are examples of information participants may contribute to the evaluation.

- (1) Parent(s) or legal guardian(s)
 - Developmental & background history
 - Social/behavioral development
 - Current concerns
 - Other relevant interview information
 - Rating scales (e.g., adaptive measures, social behavior rating scales)
- (2) The student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher)
 - Observational information
 - Rating scales or checklists (e.g., adaptive measures)
 - Work samples

- Curriculum based measures/ assessment results
 - Criterion-referenced test results (e.g., TCAP, TN Ready, end-of-course tests, etc.)
 - Other relevant quantitative/qualitative data
- (3) The student's special education teacher(s) (e.g., IEP development teacher/case manager)
- Observational information
 - Pre-vocational checklists
 - Direct assessment (e.g., academic achievement test)
 - Transitional checklists/questionnaires/interviews
 - Vocational checklists/questionnaires/interviews
 - Other relevant quantitative/qualitative data
- (4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist
- Direct assessment (e.g., cognitive, achievement)
 - School record review
 - Review of outside providers' input
 - Observations in multiple settings with peer comparisons addressing specific characteristics of autism
 - Interviews
 - Rating scales
 - Other relevant quantitative/qualitative data
- (5) A licensed speech/language pathologist
- Pragmatic language evaluation
 - Comprehensive language evaluation (as needed)
 - Observations in multiple settings addressing specific characteristics of autism (e.g., generalized pragmatic skills, communication skills, social-emotional reciprocity, social skills)
 - Parent interview
 - Rating scales
- (6) Other professional personnel as needed (e.g., occupational therapist, physical therapist, licensed physician, neurologist, nurse licensed practitioner, physician's assistant, or school counselor).
- Direct assessment (e.g., sensory profile, fine motor evaluation)
 - School record review
 - Review of outside providers' input
 - Observations in multiple settings with peer comparisons
 - Medical evaluation and/or history
 - Rating scales
 - Other relevant quantitative/qualitative data

Components of Evaluation Report:

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but serves as an example guide to use when writing evaluation results.

- Reason for referral
- Current/presenting concerns
- Previous evaluations, findings, recommendations (e.g., school-based and outside providers)
- School history (e.g., attendance, grades, statewide achievement, disciplinary/conduct info, behavior intervention plan (BIP))
- Relevant developmental and background history
- Assessment instruments/procedures (e.g., test names; dates of evaluations, observations, and interviews; consultations with specialists)
- Medical information (e.g., diagnoses, prognoses, past/current medication, past/current treatment approaches, healthcare procedures, activity restrictions)
- Current assessment and results
 - Parent interview
 - Observations
 - Autism-specific assessment
 - Rating scales
 - Pragmatic/language assessment
 - Cognitive/developmental assessment
 - Academic skills
- Tennessee disability definition of autism
- Educational impact statement: Review of factors impacting educational performance such as attendance, classroom engagement, study skills, education history
- Summary
- Recommendations

Section IV: Eligibility Considerations

After completion of the evaluation, the IEP team must meet to review results and determine if the student is eligible for special education services. Eligibility decisions for special education services is two-pronged: (1) the team decides whether the evaluation results indicate the presence of a disability **and** (2) the team decides whether the identified disability adversely impacts the student's educational performance such that s/he requires the most intensive intervention (i.e., special education and related services). The parent is provided a copy of the written evaluation report completed by assessment specialists (e.g., psychoeducational evaluation, speech and language evaluation report, occupational and/or physical therapist report, vision specialist report, etc.). After the team determines eligibility, the parent is provided a copy of the eligibility report and a prior written notice documenting the team's decision(s). If

the student is found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Evaluation results enable the team to answer the following questions for eligibility:

- **Are both prongs of eligibility met?**
 - **Prong 1:** Do the evaluation results support the presence of an educational disability?
 - The team should consider educational disability definitions and criteria referenced in the disability standards (i.e., evaluation procedures).
 - Are there any other factors that may have influenced the student's performance in the evaluation? A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.
 - **Prong 2:** Is there documentation of how the disability adversely affects the student's educational performance in his/her learning environment?
 - Does the student demonstrate a need for specialized instruction and related services?
- Was the eligibility determination made by an IEP team upon a review of **all** components of the assessment?
- If there is more than one disability present, what is the **most impacting** disability that should be listed as the primary disability?

Specific Considerations Related to Autism

In many cases, autism will be the primary disability as it may affect a student's educational progress in all settings. It is incumbent upon each IEP evaluation team to determine the identification standard that best describes each student's educational disability. In most cases, students who meet the autism standard will be identified under the primary disability of autism. However, students with autism may also meet other disability standards. In some cases, autism may be mildly impacting a student's educational performance while the student's other disability is significantly impacting their performance. For example, if a student with autism who has been found to also have a co-occurring specific learning disability in reading fluency, and the reading disability is the dominant reason the student is demonstrating difficulties in the educational environment, that student may be identified primarily under specific learning disability. In such a case, the student's autism-related behaviors would not be listed/identified as the primary reason for identification, but could still be considered as a secondary disability. Identification of the primary disability (and secondary disability) is the IEP team's decision. It is not necessary to identify a language impairment as disability in order to receive speech or language services as a related service since communication deficits are a feature of autism.

Cultural considerations should be made for students from non-majority families. The professional team must be aware of and sensitive to the social communication norms of the student's culture/family and how these can impact identification of autism.

Section V: Re-evaluation Considerations

A re-evaluation must be conducted **at least every three years** or earlier if conditions warrant. Re-evaluations may be requested by any member of the IEP team prior to the triennial due date (e.g., when teams suspect a new disability or when considering a change in eligibility for services). This process involves a review of previous assessments, current academic performance, and input from a student's parents, teachers, and related service providers which is to be documented on the Re-evaluation Summary Report (RSR). The documented previous assessments should include any assessment results obtained as part of a comprehensive evaluation for eligibility or any other partial evaluation. Teams will review the RSR during an IEP meeting before deciding on and obtaining consent for re-evaluation needs. Therefore, it is advisable for the IEP team to meet at least 60 calendar days prior to the re-evaluation due date. Depending on the child's needs and progress, re-evaluation may not require the administration of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child's evaluation need.

Some of the reasons for requesting early re-evaluations may include:

- concerns, such as lack of progress in the special education program;
- acquisition by an IEP team member of new information or data;
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program); or
- new or additional suspected disabilities (i.e., significant health changes, outside evaluation data, changes in performance leading to additional concerns).

The IEP team may decide an evaluation is needed or not needed in order to determine continued eligibility. All components of The RSR must be reviewed prior to determining the most appropriate decision for re-evaluation. Reasons related to evaluating or not evaluating are listed below.

NO evaluation is needed:

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services with his/her currently identified disability/disabilities.

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student is no longer identified with his/her secondary disability.
- The team determines no additional data and/or assessment is needed. The student is no longer eligible for special education services.
- (Out of state transfers): The team determines additional data and/or assessment is needed when a student transferred from out of state, because all eligibility requirements did NOT meet current Tennessee state eligibility standards. Therefore, the IEP team decides that the student would be eligible for special education services in Tennessee with their previously out-of-state identified disability/disabilities while a comprehensive evaluation to determine eligibility for Tennessee services is conducted.

Evaluation is needed:

- The team determines no additional data and/or assessment is needed for the student's **primary** disability. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student may have an additional disability; therefore, an evaluation needs to be completed in the suspected disability classification area to determine if the student has a secondary and/or additional disability classification. In this case, the student continues to be eligible for special education services with the currently identified primary disability based on the date of the decision. The eligibility should be updated after the completion of the secondary disability evaluation if the team agrees a secondary disability is present (this should not change the primary disability eligibility date).
- The team determines additional data and/or assessment is needed for program planning purposes only. This is a limited evaluation that is specific to address and gather information for goals or services. This evaluation does not include all assessment components utilized when determining an eligibility NOR can an eligibility be determined from information gathered during program planning. If a change in primary eligibility needs to be considered, a comprehensive evaluation should be conducted.
- The team determines an additional evaluation is needed to determine if this student continues to be eligible for special education services with the currently identified disabilities. A comprehensive is necessary anytime a team is considering a change in the primary disability. Eligibility is not determined until the completion of the evaluation; this would be considered a comprehensive evaluation and all assessment requirements for the eligibility classification in consideration must be assessed.

When a student's eligibility is changed following an evaluation, the student's IEP should be reviewed and updated appropriately.

Specific Considerations Related to Autism

As students age, social demands will change. In addition, the types of academic demands increase in complexity as students get older, moving from concrete skills to more abstract skills. As students enter the higher grades, consideration of increased abstract reasoning skills may need to be assessed and considered when updating programming for students. Therefore, the IEP team should consider whether a secondary disability is present or additional assessments are needed for program planning when reviewing re-evaluation needs for students with autism.

Appendix A: TN Assessment Instrument Selection Form

This form should be completed for all students screened or referred for a disability evaluation.

Student's Name _____ School _____ Date ____/____/____

The assessment team must consider the strengths and weaknesses of each student, the student's educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single "standard" assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student's true ability.

CONSIDERATIONS FOR ASSESSMENT		
THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM	LANGUAGE	<input type="checkbox"/> Dominant, first-acquired language spoken in the home is other than English
		<input type="checkbox"/> Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)
	ECONOMIC	<input type="checkbox"/> Residence in a depressed economic area and/or homeless
		<input type="checkbox"/> Low family income (qualifies or could qualify for free/reduced lunch)
		<input type="checkbox"/> Necessary employment or home responsibilities interfere with learning
	ACHIEVEMENT	<input type="checkbox"/> Student peer group devalues academic achievement
		<input type="checkbox"/> Consistently poor grades with little motivation to succeed
	SCHOOL	<input type="checkbox"/> Irregular attendance (excessive absences during current or most recent grading period)
		<input type="checkbox"/> Attends low-performing school
		<input type="checkbox"/> Transience in elementary school (at least 3 moves)
<input type="checkbox"/> Limited opportunities for exposure to developmental experiences for which the student may be ready		
ENVIRONMENT	<input type="checkbox"/> Limited experiences outside the home	
	<input type="checkbox"/> Family unable to provide enrichment materials and/or experiences	
	<input type="checkbox"/> Geographic isolation	
	<input type="checkbox"/> No school-related extra-curricular learning activities in student's area of strength/interest	
OTHER	<input type="checkbox"/> Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability)	
	<input type="checkbox"/> Member of a group that is typically over- or underrepresented in the disability category	
OTHER CONSIDERATIONS FOR ASSESSMENT		
___ May have problems writing answers due to age, training, language, or fine motor skills ___ May have attention deficits or focusing/concentration problems ___ Student's scores may be impacted by assessment ceiling and basal effects ___ Gifted evaluations: high ability displayed in focused area: _____ ___ Performs poorly on timed tests or is a highly reflective thinker and does not provide quick answers to questions ___ Is extremely shy or introverted when around strangers or classmates ___ Entered kindergarten early or was grade skipped _____ year(s) in _____ grade(s) ___ May have another deficit or disability that interferes with educational performance or assessment		

SECTION COMPLETED BY ASSESSMENT PERSONNEL

As is the case with all referrals for intellectual giftedness, assessment instruments should be selected that most accurately measure a student's true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student's abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student.

Assessment Category/Measure: _____	Assessment Category/Measure: _____	Assessment Category/Measure: _____
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Appendix B: Assessments

This list may not be comprehensive or include all acceptable available measures. These are the most recent versions of these measures at the time this document was created (Spring 2017). The determination of which measure is used in an evaluation is at the discretion of the assessment specialist.

Cognitive	<i>Bayley Scales of Infant and Toddler Development-III</i> <i>Wechsler Preschool and Primary Scale of Intelligence - IV</i> <i>Wechsler Intelligence Scale for Children-V</i> <i>Wechsler Adult Intelligence Scale-IV</i> <i>Wechsler Nonverbal Scale of Ability</i> <i>Woodcock Johnson Tests of Cognitive Abilities – Fourth Edition</i> <i>Universal Nonverbal Intelligence Test - II</i> <i>Reynolds Intellectual Assessment Scales – Second Edition</i> <i>Leiter-3 International Performance Scale - III</i> <i>Comprehensive Test of Nonverbal Intelligence - II</i> <i>Kaufman Assessment Battery for Children-2</i> <i>Differential Ability Scales-2</i> <i>Stanford Binet Intelligence Scales-V</i> <i>Test of Nonverbal Intelligence – Fourth Edition</i> <i>Primary Test of Nonverbal Intelligence</i>
Language/Communication/Social Language	<i>Clinical Evaluation of Language Fundamentals-5</i> <i>Clinical Evaluation of Language Fundamentals-Preschool: 2</i> <i>Clinical Evaluation of Language Fundamentals-4 (Spanish)</i> <i>Oral and Written Language Scales-II</i> <i>Preschool Language Scale-5</i> <i>Preschool Language Scale-5 (Spanish)</i> <i>Social Language Development Test-Elementary & Adolescent</i> <i>Test of Language Development-Intermediate: 4</i> <i>Test of Language Development-Primary:4</i> <i>Test of Pragmatic Language-2</i>
Behavior/Emotional/Social	<i>Behavior Assessment System for Children-3</i> <i>Beck Youth Inventories-2</i> <i>Conners Comprehensive Behavior Rating Scales</i> <i>Social Skills Improvement Rating Scales</i> <i>Behavior Rating Inventory of Executive Functions (BRIEF)</i>
Autism Specific Behavior	<i>Autism Diagnostic Observation System 2</i> <i>Autism Spectrum Rating Scale</i> <i>Childhood Autism Rating Scale 2</i> <i>Gilliam Autism Rating Scale-3</i> <i>Autism Diagnostic Interview-Revised (ADI-R)</i>

Adaptive Behavior	<i>Adaptive Behavior Assessment System-3</i> <i>Vineland-3</i>
Articulation/Phonology	<i>Arizona Articulation Proficiency Scale-3</i> <i>Clinical Assessment of Articulation and Phonology-2</i> <i>Diagnostic Evaluation of Articulation and Phonology</i> <i>Fisher Logemann Test of Articulation Competence</i> <i>Goldman-Fristoe Test of Articulation-3</i> <i>Hodson Assessment of Phonological Patterns-3</i> <i>Photo Articulation Test-3</i> <i>Secord Contextual Articulation Test</i>
Communication/Language/Social Skills	<i>Functional Communication Profile-Revised</i> <i>The Pragmatics Profile</i> <i>Children's Communication Checklist-2</i> <i>The Communication Matrix (www.communicationmatrix.org)</i> <i>Pragmatic Language Skills Inventory</i> <i>Verbal Behavior MAPP (VB-Mapp)</i> <i>Autism Diagnostic Observation Schedule (ADOS)</i> <i>Assessment of Basic Language and Learning Skills (ABLLS)</i>
Sensory Processing/Regulation	<i>Infant-Toddler Sensory Profile - II</i> <i>Adolescent/Adult Sensory Profile</i> <i>Miller Assessment of Preschoolers</i> <i>Sensory Integration and Praxis Tests</i> <i>Sensory Profiles and School Companion</i> <i>Preschool Sensory Processing Measure</i> <i>Sensory Processing Measure</i> <i>Autism Spectrum Rating Scale</i>

Appendix C: Resources and Links

Definition

American Speech-Language-Hearing Association Autism Definition

<http://www.asha.org/Practice-Portal/Clinical-Topics/Autism/>

American Speech-Language-Hearing Association What is Autism

<http://www.asha.org/public/speech/disorders/Autism/>

American Speech-Language-Hearing Association Signs and Symptoms of Autism

http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935303§ion=Signs_and_Symptoms

National Institute of Mental Health (NIH)

https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml?utm_source=rss_readersutm_medium=rssutm_campaign=rss_full

Center for Disease Control and Prevention Handouts for parents and educators about autism

<http://www.cdc.gov/ncbddd/autism/freematerials.html>

University of Washington DSM-5 Autism Spectrum Disorder: Guidelines & Criteria Exemplars

<https://depts.washington.edu/dbpeds/Screening%20Tools/DSM-5%28ASD.Guidelines%29Feb2013.pdf>

Prevention and Per-referral Considerations

Autism Speaks General Strategies for Intervention

http://www.autismspeaks.org/docs/family_services_docs/sk/General_Strategies.pdf

National Autism Center (Free Digital Publications)

<http://www.nationalautismcenter.org/090605-2/>

National Professional Development Center

Report on Autism Spectrum Disorder

National Autism Center's National Standards Report

<http://autismpdc.fpg.unc.edu/evidence-based-practices>

Autism Evaluation

American Speech-Language-Hearing Association (ASHA)

Autism Assessment

<http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935303§ion=Assessment>

American Speech-Language-Hearing Association (ASHA)

Social Communication Benchmarks

http://www.asha.org/uploadedFiles/ASHA/Practice_Portal/Clinical_Topics/Social_Communication_Disorders_in_School-Age_Children/Social-Communication-Benchmarks.pdf

American Speech-Language-Hearing Association (ASHA)

Social Communication Disorders in School Age Children

<http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934980§ion=Assessment>

ASD PARENT INTERVIEW (based on DSM-5 criteria)*:

http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/upload/asd-parent-interview_formatted_2012_0325.pdf

Assessment for the Purpose of Instructional Planning for Students with autism

Spectrum Disorder

http://www.ocali.org/up_doc/Assessment_for_the_Purpose_of_Instructional_Planning_for_ASD.pdf

Communication Matrix (Free Assessment Tool)

www.communicationmatrix.org

Saulnier, C.,A., Vnetola, P. E. (2012) Essentials of Autism Spectrum Disorders Evaluation and Assessment. Hoboken, NJ: John Wiley & Sons, Inc.

Evidence-Based Assessment for Autism Spectrum Disorder

http://ed-psych.utah.edu/school-psych/_documents/grants/autism-training-grant/Autism-Assessment-Monograph.pdf

Brock, S.E., Hart, S.R. DSM-5 and School Psychology: Changes to ASD Diagnosis. NASP Communique 42(2):

<http://www.nasponline.org/publications/periodicals/communique/issues/volume-42-issue-2/changes-to-asd-diagnosis>

The Pragmatics Profile of Everyday Communication Skills in Children

http://complexneeds.org.uk/modules/Module-2.4-Assessment-monitoring-and-evaluation/All/downloads/m08p080c/the_pragmatics_profile.pdf

Appendix: D: Sample Release of Information

Student: _____	School: _____
Date of Birth: _____	Parent/Guardian: _____
Address: _____	Phone: _____

Your child has been referred for an evaluation for special education services. Additional information is needed to assist in determining the need for special education. This information will be confidential and used only by persons directly involved with the student.

For this evaluation, we are requesting information from the indicated contact person/agency:

Name of contact and/or agency/practice: _____

Address: _____

Phone Number: _____ Fax number: _____

☐ Medical ☐ Psychological/
Behavioral ☐ Vision/ Hearing ☐ Other: _____

In order to comply with federal law, your written permission is required so that the school system can receive information from the contact/doctor listed. Please sign on the line below and return to _____ at his school. Thank you for your assistance in gathering this information needed for your child's assessment. If you have any questions regarding this request, please feel free to call (____) _____ for clarification.

☐ I authorize _____ (provider) to disclose protected health information about my child _____ to the _____ school system. The release extends for the period of year or for the following period of time: for _____ to _____.

☐ I do not authorize the above provider to release information about my child to the _____ school system.

Parent/Guardian Signature

Appendix E: Medical Information Form

☐AUT ☐EMD ☐OHI ☐OI ☐TBI

PHYSICIAN: This student is being evaluated by _____ Schools to determine if additional educational services are needed due to a possible medical condition that might significantly impact school performance. We are considering a possible disability as checked above in one of the following disability categories: autism, emotional disturbance, other health impairment, orthopedic impairment, or traumatic brain injury. The Disability Eligibility Standards for each can be reviewed on the web at <http://state.tn.us/education/speced/seassessment.shtml#INITIAL>. The information below is a necessary part of the evaluation to help the IEP Team determine whether or not the student requires in-class interventions, direct or related services in special education and/or other services in order to progress in the general curriculum.

Student: _____ **Birth Date:** _____ **School:** _____

Parent/ Guardian: _____ **Address:** _____

Date of Evaluation/Examination: _____

Check below if you have diagnosed the student with any of the following:

☐ **Autism Spectrum Disorder** – Impressions/information that might help rule out or confirm diagnosis

Describe/Specify: _____

☐ **Emotional Disturbance** – Include and physical conditions ruled out as the primary cause of atypical behavior and psychiatric diagnoses

Describe/Specify: _____

☐ **Orthopedic Impairment** – The impairment will primarily impact (please circle): ☐mobility ☐daily living ☐other: _____

Describe/Specify: _____

☐ **Other Health Impairment:** (check all that apply) ☐ADHD-predominately inattentive ☐ ADHD-predominately Impulsive/Hyperactive ☐ ADHD-Combined ☐ Other health condition(s): _____

Special health care procedures, special diet and/or activity restrictions: _____

☐ **Traumatic Brain Injury** – Specify: _____

The injury causes the following impairment(s) (please check): ☐ physical ☐cognitive ☐psychosocial ☐other: _____

Please Describe: _____

General Health History and Current Functioning: _____

Diagnosis(es)/etiology: _____

Prognosis: _____

Medications: _____

How does this medical or health condition impact school behavior and learning? _____

Recommendation: _____

Does the student have any other medical condition or disorder that could be causing the educational and/or behavior difficulties? ☐ Yes ☐ No If yes, explain: _____

Physician's Name Printed: _____

Address: _____

Physician's signature: _____ Date: _____

Appendix F: Assessment Documentation Form

Assessment Documentation

School System_____

School_____

Grade_____

Student_____

Date of Birth___/___/___

Age_____

1. Definition		
Student's characteristics evident in early childhood (as social demands increase)		
Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following:		
• deficits in social-emotional reciprocity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• deficits in nonverbal communicative behaviors used for social interaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• deficits in developing and maintaining relationships appropriate to developmental level	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two (2) of the following:		
• stereotyped or repetitive speech, motor movements, or use of objects	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• highly restricted, fixated interests that are abnormal in intensity or focus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
• parental interview (including developmental history)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• behavioral observations in two (2) or more settings addressing characteristics related to Autism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of health history	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of pragmatic communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ further language evaluation if identified as an area of concern	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ at least one (1) standardized or normed instrument specific to autism and	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ one (1) normative measure of general behavior/social-emotional functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of sensory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of cognitive/developmental skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• evaluation of academic skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation, including observation and/or assessment, of how Autism adversely affects the child's educational performance in	<input type="checkbox"/> Yes	<input type="checkbox"/> No

his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or non-academic areas)		
--	--	--

_____	_____	____/____/____
Signature of Assessment Team Member	Role	Date

_____	_____	____/____/____
Signature of Assessment Team Member	Role	Date

_____	_____	____/____/____
Signature of Assessment Team Member	Role	Date

_____	_____	____/____/____
Signature of Assessment Team Member	Role	Date

_____	_____	____/____/____
Signature of Assessment Team Member	Role	Date

_____	_____	____/____/____
Signature of Assessment Team Member	Role	Date

Autism Assessment Documentation